

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. G.L. RODRIQUEZ-FAZZI

Mailing Address 901 40TH AVE, N

City State Zip Code
ST PETERSBURG FL 33703

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL PEDIATRIC ASSOC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56865

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ALEC ROOKE

Mailing Address 180 BROOKLINE AVE#340

City State Zip Code
BOSTON MA 02215

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL DEACONESS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56686

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CAROL ROSE

Mailing Address 428 GLAIDO DR

City State Zip Code
PITTSBURGH PA 15243

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56824

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)